

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled NOVEL CORONAVIRUS ISOLATED FROM HUMANS, the specification of which

- ☒ is attached hereto.
- ☐ was filed on _____ as United States Application No. _____.
- ☐ was described and claimed in PCT International Application No. _____, filed on _____, and as amended under PCT Article 19 on _____ (if applicable).
- ☐ and was amended on _____ (if applicable).
- ☐ with amendments through _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. If this is a continuation-in-part application filed under the conditions specified in 35 U.S.C. § 120 which discloses and claims subject matter in addition to that disclosed in the prior copending application, I further acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of an PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Number	Country	Day/Month/Year Filed	Claim Priority?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date
60/465,927	April 25, 2003

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I

acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number Filing Date Status: patented, pending abandoned

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application, to file a corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith:

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application, to file a corresponding international application, and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number: 24197

and I hereby grant an Associate Power of Attorney to the following:

<u>Name</u>	<u>Reg. No.</u>	<u>Name</u>	<u>Reg. No.</u>
Andrew Watkins	38,653	Russ Metler	45,365
Jacqueline Quay	47,011		

all of the Centers for Disease Control and Prevention, Technology Transfer Office, 1600 Clifton Road NE, Atlanta, GA 30333.

Address all telephone calls to Tanya M. Harding, Ph.D., telephone number (503) 226-7391 and facsimile number (503) 228-9446.

Address all correspondence to the address associated with **Customer Number 24197**, which address is:

KLARQUIST SPARKMAN, LLP
One World Trade Center, Suite 1600
121 SW Salmon Street
Portland, OR 97204-2988

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or first Inventor:	Paul A. Rota	
Inventor's Signature	_____	_____
		Date
Residence:		
Citizenship:		
Post Office Address:		

Full Name of Second Inventor, if any:	Larry J. Anderson	
Inventor's Signature	_____	_____
		Date
Residence:	Atlanta, Georgia	
Citizenship:	United States of America	
Post Office Address:	2076 Continental Drive Atlanta, Georgia, 30345	

Full Name of Third Inventor, if any:	William J. Bellini	
Inventor's Signature	_____	_____
		Date
Residence:		
Citizenship:		
Post Office Address:		

Full Name of Fourth Inventor, if any: James A. Comer	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Fifth Inventor, if any: Dean D. Erdman	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Sixth Inventor, if any: Cynthia S. Goldsmith	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Seventh Inventor, if any: Charles D. Humphrey	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Eighth Inventor, if any: Thomas G. Ksiazek	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Ninth Inventor, if any: Stephan S. Monroe	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Tenth Inventor, if any: M. Steven Oberste	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Eleventh Inventor, if any: Mark A. Pallansch	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Twelfth Inventor, if any: Pierre E. Rollin	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Thirteenth Inventor, if any: Wun-Ju Shieh	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	

Full Name of Fourteenth Inventor, if any: Sherif R. Zaki	
Inventor's Signature _____	_____ Date
Residence:	
Citizenship:	
Post Office Address:	